

TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

Page 1 of 1

STD 262 (REV 10/92)

CLAIMANT'S NAME Aaron McLear		SSAN OR EMPLOYEE NUMBER		DEPARTMENT Governor's Office	
POSITION Press Secretary		CB/ID NUMBER	DIVISION OR BUREAU Press Office		INDEX NUMBER
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS State Capitol		TELEPHONE NUMBER	
CITY	STATE	ZIP	CITY	STATE	ZIP
Sacramento		California		95814	

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
23-Nov	12:30pm	Sac-LA	154.01			18.00		158.60		104.30 115.00	0.00		445.61
24-Nov	3:00pm	LA-Sac		6.00	10.00		6.00	173.60		30.00	0.00		225.60
											0.00		0.00
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											0.00		0.00
SUBTOTALS			154.01	6.00	10.00	18.00	6.00	332.20	0.00	145.00	0	0.00	0.00
COLUMN CODE (ACCTG USE ONLY)													

CLAIM TOTAL

654.53

\$671.21

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Staff GS for Interview 11/23 and Press Conference 11/24

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240807

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

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CLAIMANT'S SIG	DATE 11/24/09	SIGNATURE OF OFFICER APPROVING TRAVEL	DATE 12/8/09
SIGNATURE OF AUTHORITY FOR SPECIAL EXPENSES		DATE	